

Unearthing the Buried City

The Janet Translation Project

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This document is part of *Unearthing the Buried City: The Janet Translation Project*, a series of AI-assisted English translations of Pierre Janet's works.

In his seminal 1970 book: *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*, Henri Ellenberger wrote:

Thus, Janet's work can be compared to a vast city buried beneath ashes, like Pompeii. The fate of any buried city is uncertain. It may remain buried forever. It may remain concealed while being plundered by marauders. But it may also perhaps be unearthed some day and brought back to life (p. 409).

This project takes Ellenberger's metaphor seriously — and literally. The goal of this work is to unearth the buried city of Janet's writings and make them accessible to the English-speaking world, where much of his legacy remains obscured or misunderstood.

Pierre Janet was a pioneer of dynamic psychology, psychopathology, hypnosis, and dissociation. His influence on Freud, Jung, and the broader psychotherapeutic tradition is profound, yet the bulk of his original writings remain untranslated or scattered in partial form. These AI-assisted translations aim to fill that gap — provisionally — by making Janet's works readable and searchable in English for the first time.

This is not an academic translation, nor does it claim to replace one. It is a faithful, literal rendering produced with the aid of AI language tools such as Chat GPT and DeepL and lightly edited for clarity. Its purpose is preservation, accessibility, and revival. By bringing these texts to light, I hope to:

- Preserve Janet's contributions in a readable English form
- Spark renewed interest among scholars, clinicians, and students
- Inspire human translators to produce definitive, academically rigorous editions

Continuous Amnesia^{1,2}

Pierre Janet

Memory plays an absolutely vital role in the functioning of the mind, and its slightest alterations have serious pathological consequences. We must push the study of these elementary alterations of psychological phenomena as far as possible in order to one day penetrate the mechanism of complex mental alienations. Many memory disorders are already well known;³ but new ones are revealed to us every day, which force us to broaden the old descriptions. We wish to present a particular disease of memory that has very special characteristics; we have observed it for several years in several quite clear cases, although incomplete, and we had the opportunity, this year, to observe a very complete and decisive case in the service of our eminent teacher, Mr. Professor Charcot.

Ordinarily, by *amnesia* (ἀμνησία) is meant the forgetting, the loss of a memory which truly existed, which one previously possessed in memory. A hysterical woman, for example, appears to be doing quite well: she possesses, if questioned, the memory of what she has just done, those of the day before and of previous days. An attack occurs, after which the patient has completely forgotten the previous three months. This is true amnesia, for it erases memories that previously existed. Such amnesias can affect, as is known, various categories of memories;⁴ they can be *systematized*, when they remove, not all the memories of a period, but a system of memories, all the memories related to a person, for example, or all the memories of the English language; they can be *localized* when they erase all the memories of a certain period of life, or even *generalized*, when the subject retains no memory of their previous life and must relearn their entire education. But across these various categories, the character is always the same: the lesion pertains to the past, it is the loss of old memory. Current memory—that is, the faculty of acquiring new memories—is not disturbed, and the subject can even work on re-educating themselves.

We believe that there exists another disease of memory, entirely different, and much more serious. Instead of losing some old memories, the patients become, from a certain moment onward, *incapable of acquiring new memories*. They seem to have lost not the results of memory, but the faculty of memory itself. Of course, it is not a matter of an absence or congenital weakness of memory in individuals of low intelligence. It concerns a rapid and momentary loss of this faculty in people who possessed it to a high degree during the rest of their lives. These suppressions of function are, in our view, true natural experiments of psychology. Just as insensitivities and abulias have taught us much about the mechanisms of

¹ Janet, Pierre. "L'amnésie continue," *Revue générale des Sciences*, iv (1893), pp. 167-179.

² This subject was the object, on the part of the author, of a preliminary communication at the Congrès de Psychologie expérimentale held in London on August 1, 1892.

³ Ribot, *Les maladies de la mémoire*, 1889. — Sollier, *Les troubles de la mémoire*, 1892.

⁴ Pierre Janet, *Les amnésies hystériques*. Conférence faite à la Salpêtrière. *Archives de neurologie*, juillet 1892, 29. *L'état mental des hystériques*, 1894, 70.

sensation and will, likewise the study of these destructions of the faculty of memory will teach us something about memory itself.

It is necessary, for the sake of clarity, to designate this alteration of memory with a specific name. Perhaps it would be wise to avoid confusion and not use the word *amnesia*, which has another meaning; one could coin a word like *amnemosyne* (ἀμνημοσύνη); the term would be accurate, but it has the great fault of being new. One could be content with simply adding an epithet to the word *amnesia*: *anterograde amnesia*, said M. Charcot about a patient whose clinical history he had outlined several times; *anterograde amnesia of conservation*, said M. Sollier to distinguish this illness from certain localized amnesias that also seem anterograde. Let us simply say, until a new term is accepted, *continuous amnesia*, because it is continuous throughout the life of the patient. We are now going to summarize a few cases of continuous amnesia, emphasizing the clearest one, and then we will seek their interpretation.

I – The Principal Observations

Disappearances of memory, considered as the faculty of acquiring memories, have already been reported on occasion, though rarely, following cerebral trauma.⁵ They have been described in a more complete manner in certain intoxications, for example in alcoholism.⁶ We will study this phenomenon only in neuroses where it presents, in our opinion, characteristics that are quite specific and suitable for precise study.

We will first recall an observation that we ourselves published last year, the observation of a patient studied in the service of our eminent teacher, M. J. Falret. Marcelle, that is how we designated her,⁷ presented above all disorders of the will, of aboulia. But one could also note a very curious modification of intelligence and memory.

Observation I

I was surprised to see someone of intelligent appearance know so little about present facts, about her life in the hospital, when she spoke of the past. "She has been in the ward for a year and she knows nothing, including hardly recognizing the nurses who care for her, and she has not noticed their hierarchy; she has not noticed any patients and has not learned more than the fact that she is in the ward than if she were an idiot." In a word, she seems to display the results of past intelligence and not of current intelligence. This form of intelligence is explained by the following analyses. Her memory shows a similar character: when she recounts events from her past life, one notices that her story is clear, exact, rich in details, as long as it concerns earlier years up to age fifteen, the beginning of the illness. From that point on, memories become less numerous and vague; once past the age of nineteen, memories fail almost completely and are limited to a few

⁵ Ribot, *op. cit.*, p. 96, and in the work of M. Souques.

⁶ Korsakoff, Une maladie de la mémoire, *Revue philosophique*, 1889, II, 509.

⁷ Sur un cas d'aboulie et d'idées fixes, *Revue philosophique*, 1891, 258, 382.

striking events. Finally, when asked about recent months or recent weeks, one observes with astonishment an absolute amnesia. Formerly acquired memories are preserved, but she has become increasingly incapable of forming new ones. This forgetting of recent events is very curious due to its rapidity and depth: "she has absolutely no idea what happened yesterday; at noon, she does not know what happened in the morning." A word she herself uses sums up the situation: "Is it possible that I have already been admitted to the hospital for a year? Strange year where nothing has happened." It is, as this young girl of twenty-two says, a memory which retains the past with clarity and precision and does not remember what happened in the morning."⁸

Let us also recall an observation by MM. Séglas and Sollier, more complex and interesting from various points of view, in which the same character is noted:⁹ "Today, she does not know how long she has been admitted, nor the day, nor the month, nor the year, and she does not even judge the season by the appearance of the courses." No event has struck her since her admission... She used to say in the evening: "How strange—two nights in a row; we've just had a night, and here is another night beginning again."

Observation II

Since then, we have found the same phenomenon in several new observations, some of which are interesting. For example, a forty-year-old woman, Justine, also studied in the service of M. J. Falret, has fixed ideas that continuously obsess her and that, at certain times, provoke terrible impulses and major delirious and convulsive attacks. We will not describe these symptoms here; but at certain times, for example during the few days preceding her menstruation, and even, in a milder form, in the interval between, she presents other intellectual disturbances. We will insist on those of memory. She goes out to do her shopping at the market, with the intention of buying a specific item; when she returns, her husband is surprised to see that she bought the same item four times from four different merchants, and despite these four purchases, she cannot recall what she went out to get, nor does she have any memory of having bought it. Her husband once gave her a new piece of furniture, a piano: she seems delighted, but every day, she stops in front of this piano with astonishment, without recognizing it: "This piano surely belongs to me," she says, "but this piano, where did it come from? Who put it here? I don't dare touch it, because it might not be mine." Finally, I asked her, to test her attention, to learn a short poem by heart to recite to me. She spent entire weeks studying it every day, trying to learn it, and when I came to see her, she was absolutely incapable of reciting a single line. She acquires, as we can see, very few new memories, and even those fade, while old memories remain like old pieces of furniture.

Observation III

⁸ *Op. cit.*, 383.

⁹ J. Séglas and P. Sollier, Folie puerpérale, amnésie, anesthésie et abasie, *Archives de neurologie*, n° 60.

Another patient, Maria, observed at the Saint-Antoine Hospital in the service of our eminent teacher, M. Hanot, shows us the same phenomenon with more precision and a bit more regularity. She is a thirty-year-old woman, presenting symptoms of hysteria and fixed impulsive ideas, mainly related to dipsomania. The police brought her in one Wednesday morning, after having found her in a state of drunkenness and complete delirium. She remained for twenty-four hours in a state of deep sleep, from which no intelligent response could be obtained. The next day, upon emerging from her drunken state, she was able to answer questions and gave explanations with great clarity and intelligence.

She recounts her whole life to us with considerable detail, especially the periods of her youth; she obviously had vaguer memories regarding recent years, but when we came to the account of her last episode of dipsomania, it was impossible to obtain any information. Maria had completely forgotten everything that had happened from Monday morning, the beginning of the episode, up to Thursday morning, the time of her awakening at the hospital. She herself was very troubled by this forgetting, unable to understand what she had done with her money, her clothing, or how she had been brought to the hospital. This is a case of localized amnesia, concerning an abnormal period of existence; it is a well-known phenomenon on which there is no need to insist further.

But moreover, during her entire stay at the hospital, which lasted several months, she displayed another, more interesting, memory disorder. Although she appeared intelligent and could speak accurately about her past life, she often looked surprised and bewildered, recognized few people in the ward, and spoke to them as if they were strangers. One day, she took up a book to read, but, as her neighbors pointed out, she spent the whole day rereading the first page. When she reached the bottom of the page, she would stop for a moment, then regularly return to the beginning. Moreover, when I asked her what she had read, she was not even able to give me the title of her own novel. Naturally, I tried, as I had with the previous patient, to have her learn a few verses by heart: she read with much goodwill, she read and reread a short song countless times, but it was impossible for her to say a single word of it the next day. Most often, this amnesia was not extremely rapid; she only completely forgot things after a few hours. But, at certain times, the forgetting was immediate: she could only answer very simple questions, seemed astonished, and said: "What are you asking?" She forgot her own sentences and said: "What did I just say? What were we talking about?" She would try to go out and carry out some small errands, but almost always, after a short time, her mind went blank, and she would ask again: "What did you ask me to do?" This amnesia of present events, which was absolutely complete and especially constant in both its speed and depth, was therefore very curious and even more characteristic than in the previous patients.

We now come to the fourth observation, the most extraordinary of all, which we would not have been able to understand properly if we had not already had the previous cases before our eyes. It concerns a patient whom M. Charcot presented several times during his Tuesday lectures at the Salpêtrière, and whose medical

observation was published in full, first by M. Charcot¹⁰, then by our friend M. Souques¹¹, an intern in the department, in the *Revue de Médecine*. We will limit ourselves to summarizing this well-known medical observation; but, since we studied and treated this person for several months, we will add some details that will complete her psychological observation.

Observation IV

Madame D., to retain the name under which she has been designated in previous works, is a thirty-four-year-old woman, living in the provinces in the small town of C., married to an honest laborer and leading the most peaceful life. No doubt there were in her family some hereditary antecedents, and she had what is commonly called a very nervous temperament. She was easily agitated, sometimes spoke all night long, and remained thoroughly upset and distressed after the slightest emotion. However, she was generally in good health, and had no proper nervous attacks. We find in her past neither hysterical crises nor any kind of excess. Last year, in the midst of otherwise perfect health, she became the victim of a morbid joke that completely disrupted the balance of her mind and triggered the most astonishing psychological illness. She was sitting alone in her room and working at her sewing machine when she saw the door suddenly open. An individual whom she did not recognize approached her and suddenly said this sentence: “Madame D., prepare a bed, they are bringing back your husband who is dead.” And as Madame D. did not move and sat frozen, her head resting on her machine, he tapped her shoulder and added: “Don’t cry so much and go get a bed ready...” Then he left and abandoned her to her despair.

At the cries of the poor woman, the neighbors rushed over, tried to calm her, to reassure her, and sent someone to look for the husband. After a few moments, they brought back the husband, who had absolutely nothing to do with it, and from a distance they shouted to Mme D.: “Reassure yourself, here he is!” At this cry, she understood nothing, believed that they were truly bringing her the corpse of her husband, and fell backward, seized by a great convulsive attack. We will not delve into the study of this attack, as one can find its description in the work of M. Souques.¹² We merely recall that the attack, clearly hysterical, lasted an unusually long time—forty-eight hours—and that the convulsions were unceasing, interrupted only by periods of delirium. The noteworthy feature of this delirium is that it revolved solely around the event that had triggered the attack: the patient distinctly saw again the same man, heard him utter the same words, and repeated the same exclamations: “Oh! my husband... such a good man, poor children, weep for your father... That poor Jeanne who doesn’t have mourning clothes... Let me keep him; I want to keep him.” Then the convulsions and the same hallucinations resumed. We also note that the patient had suicidal impulses

¹⁰ J.-M. Charcot, Sur un cas d’amnésie rétro-antérograde, probablement d’origine hystérique. *Revue de médecine*, February 1892, p. 81.

¹¹ A. Souques, Essai sur l’amnésie rétro-antérograde dans l’hystérie, les traumatismes cérébraux et l’alcoolisme chronique. *Revue de médecine*, May 10 1892, p. 367.

¹² A. Souques, *op. cit.*, 373.

during the attack, and from time to time she tried to get up and throw herself out the window. This attack eventually ended after two days, and everything returned to calm.

But upon awakening from this major attack, the patient exhibited an intellectual disturbance that was immediately noticeable in her first words: it was clear that she had completely forgotten what had just happened, as well as the hysterical crisis and the emotion that had preceded it; indeed, she no longer remembered the preceding months and seemed to have had completely erased from her memory everything that had been recorded during the final months preceding the crisis. M. Charcot and M. Souques stated—and I myself believed for a long time—that this retroactive amnesia extended from August 28, the date of the event, back to the previous July 14. I am now inclined to believe, based on more precise information given to me by the patient during her recovery, that the retroactive amnesia extended much farther back, at least to the beginning of May, and that at first it had no clear boundaries. It was only gradually, over fifteen days, that the retroactive amnesia diminished: Mme D. gradually and spontaneously recovered, through her own efforts, her older memories, and stopped at that date of July 14, the last striking memory she was able to retrieve. This date hardly matters, since ultimately, after 45 days, the retroactive amnesia became fixed definitively, and the patient remained incapable of recovering from her memory any events that had occurred between July 15 and August 28.

But this was only the first part — the less strange part — of Mme D.'s amnesia. The people who cared for her would return to her room after stepping out for a moment and would notice that Mme D. received them as if they were entering for the first time. When pressed, questioned more thoroughly, it was found that she retained no memory at all. She seemed to see things and understand them as usual, but the next moment, everything was forgotten. All impressions slid over her without leaving the slightest trace. It was not only the insignificant little events of life that vanished this way, but even the most interesting events, the most dramatic incidents, produced no more lasting impression. She was taken on a short trip, and she forgot the events of the journey as they occurred. At one point, she was bitten by a dog suspected of having rabies, and had her hand cauterized severely; a moment later, she no longer knew what had just happened to her. She was taken from her small provincial town to Paris, where she underwent anti-rabies inoculations at the Pasteur Institute; upon leaving the Institute, she asked where she was and thought she was still in C.; she suffered pain at her side, at the site of the inoculations, but attributed her discomfort to fatigue. She was taken to the Salpêtrière to see M. Charcot, where she was examined and questioned in every way, then discharged from the outpatient clinic with no understanding of what she had just done, nor of the people she had just met, nor the details of what had just taken place — all of which were recorded by M. Souques, who accompanied her.

Nothing was more curious than seeing this mind, which otherwise seemed to function quite well, be totally devoid of the faculty of memory. People who have little memory still retain precise memories that last a certain time—several days, for example—or retain in their minds the most interesting events, those which

most strongly excited their attention. Mme D. does not have a weak memory—she has none at all. She totally forgets a name, a fact, in less than a minute, and even if it is prolonged for nearly a minute, that is just the perception of objects, it is the effort she seems to make to retain the initial impression; but she has no real memory, for she is incapable of reproducing any image of sensations she has experienced once they have faded. It was observed that, in certain cases, impressions of very brief duration—yet very interesting for her, like the sight of a sick woman's crisis at the Pasteur Institute or a visit to the big department stores of the Louvre—left memories that lasted no more than a few minutes. It was considered a marvel that she could still talk about them for five minutes after the event. I believe even then, it was either conversation with other people or her own speech that extended the duration of the original event. For it was enough to distract her for a moment with another topic for that apparent memory to be completely erased. Let us say straight away that this amnesia, so deep and so persistent, was continuous and invariable—something we had never seen in previous observations. At no point did Mme D. have any memory. We must also note that this strange psychological disturbance lasted 9 full months in total, and we have shown that this is the most curious case of continuous amnesia ever, to our knowledge, reported.

Apart from her amnesia, this woman appeared to have an intelligence that was only slightly altered, at least in appearance. She had intact tactile and muscular sensitivity, she heard well, she saw perfectly, and her visual field was not reduced. She spoke easily and correctly; language, in fact, like many other forms of knowledge, was part of previously acquired memories. All old memories up to and including July 14 were preserved with the greatest precision. She easily recounted her entire past life. She reasoned quite well, and understood questions that were not expressed too lengthily; she was even capable of doing some small arithmetic operations, provided she constantly looked at the written numbers.

Mme D. did not seem to feel that her amnesia was as great a disturbance as one might have supposed *a priori*. She lived a normal life and seemed to have a peculiar resignation—she let herself be led about and touched without resistance, she responded to those who questioned her, even though she did not recognize them; she submitted to hospital life at the Salpêtrière, although she did not know where she was or why she was there. In a word, this patient showed an indifference and calmness that we would hardly believe possible, it seems, if we ourselves were in such a situation. She had preserved, as we have noted, the notion of the passage of time. For example, she had retained an exact memory of July 14, and when speaking about a past event, she knew well that we were no longer on July 14. But what made this case particularly difficult to examine is that she compensated almost all the effects of absent memory with reasoning; she guessed the time of year by the look of the sky, by the appearance of the leaves on the trees; she judged her location based on the appearance of the house. "We must be in autumn," she said, "the trees are losing their leaves; this side must be a hospital, and this is not the one in C." Eventually, she came to understand her condition and instinctively tried to compensate for her absent memory through writing. She constantly carried a small notebook in which she would write down,

as they occurred, the most important events, the most significant details. She would write, for example: "I am in Paris, at the Salpêtrière; this morning I saw M. Charcot." When someone questioned her, through reasoning and by instinct, which we will soon understand, she would consult her notebook and read the sentence. She also wrote down the essential instructions for daily life within the house. To get from the doctor's office to the ward, she would write down: "Exit through the first gate on the left," and walk along reading the instructions; she would thus arrive without error back to her room. At home, she managed to perform household tasks, but she had to constantly say to herself: "I just did this..., I just did that..." and thanks to her resignation, her reasoning, and her notebook, she was able to conduct herself for nearly the whole day without betraying too much outwardly the strange disorder of her memory.

This last case very fortunately completes the previous ones; it amplifies, in a way, the phenomena themselves and allows us to study more easily the nature of continuous amnesia.

II — Analysis of Psychological Characteristics

Certain characteristics are very simple and very obvious; they appear even in the brief description of the phenomenon. Others are more subtle and can only be brought to light through specific investigations. It is important, however, to emphasize them before attempting to understand this peculiar form of amnesia:

(1) The illness, unlike other forms of amnesia, does not affect past memories. Marcelle and Justine have no amnesia relating to the earlier periods of their lives; Maria and Mme D. add to what we are studying a localized retrograde amnesia, one of which is very short and concerns only the four days of the dipsomaniac episode, while the other is more prolonged and goes back from August 28 to July 14. But outside of these brief periods of retrograde forgetting, they are able, like the first cases, to relive their thoughts and recount in detail all the events of their past life. It is precisely this preservation of old memories that allows them to conduct themselves today in an intelligent manner.

(2) The amnesia concerns present memories, the events that the subject perceives externally and within himself since he became ill. Whether we question the subject or he questions himself about these facts of today, he cannot retrieve any memory of them in his consciousness. The more effort he makes, the more confused he becomes, and the less he is able to grasp the image he is looking for.

(3) These first two characteristics were evident. Let us consider others that are less well known. Do present memories exist in any way? Is their trace definitively erased? An accidental remark made about Mme D. helped confirm the experiments we had conducted with other patients and showed us that this was not the case. Mme D. had, for some time, been in the ward when someone came to inform M. Charcot of a new development. It was nighttime, and she was agitated and sometimes spoke aloud in her sleep. The neighbors had listened to what she was saying and had heard certain meaningful words, such as these: "Oh! the nasty yellow dog, it bit me... M. Pasteur, M. Charcot, at the Salpêtrière... Oh! all those

doctors in white coats...” — “The enraged dog, M. Pasteur, M. Charcot,” these were recent things that she seemed to have completely forgotten but which she nevertheless spoke of in her dreams.

This remark was consistent with an observation I had often repeated regarding other patients. Justine and Maria, with their anesthetics, their natural amnesias, and their predisposition to fixed ideas, were in pathological conditions that favored changes of consciousness, which made natural and artificial somnambulisms possible. Maria experienced spontaneous somnambulistic states; both could easily be put into a state of induced somnambulism.

As soon as she is placed in that state, Justine remembers her purchases at the market, she knows when and how the piano was given to her by her husband, and finally she recites her play for us flawlessly. It is exactly the same with Maria. At first, as one might expect, she is able, during somnambulism, to recount in minute detail how she spent her time during the dipsomaniac episode; it was a curious thing to see with what precision she recounted all her actions and all her delusions, while during waking hours she knew absolutely nothing of what had happened from Monday to Thursday; but this is a well-known fact in localized amnesias of this type. What must be added is that continuous amnesia behaved in the same way: once asleep, Maria recovered all the memories of recent events. Thus, she very easily recited her songs, which she had seemed unable to learn, and she knew by heart the first page of her novel. As soon as she awoke, she fell back into her amnesia and could no longer recite the first page of the novel, as if it had been completely new to her.

It was natural to investigate whether the phenomenon would also occur in the case of Mme D. When M. Souques attempted to hypnotize her at the suggestion of M. Charcot, he first observed an important point: this person was highly hypnotizable, which is not, in our view, an indifferent trait. In this somnambulistic state, which was only weakly developed in her, the patient remained inert, lying in a chair, eyes closed, not moving and speaking only when directly addressed. But when she began to speak, she answered all questions, recounting all the events that had taken place since July 14, and showed no sign of amnesia. The distribution of prizes at her small village school in August, the distress of August 28, the trip in September, the rabid dog, the Pasteur Institute, the department of M. Charcot — everything was described with the utmost precision: her memory was perfect. Now awaken the patient, return her to normal life, and everything is gone. She no longer knows where she is and consults her notebook in order to be able to return to her room.

It must be acknowledged that the same phenomenon could not be observed with as much clarity in the first of our patients, Marcelle. There were recent memories that she could not recover even under somnambulism. Perhaps, since we know how variable these states are and how little it takes to modify memory, it might have been necessary to alter the somnambulistic state in different ways. We shall see, moreover, that in her case, the persistence of memories manifested in other ways. Taking this exception into account, let us retain this important characteristic of continuous amnesia: it does not consist in a complete destruction of the traces left by memories, since those same memories can reappear under

certain circumstances. Favorable conditions include somnambulism, or a certain dream accompanied by movements and speech, which closely resembles somnambulism itself.

(4) But during the very waking hours of these patients, at the moment they themselves declare that they retain no memory, do images of present events truly never reappear in any form? I have always doubted it. These patients are too reasonable, too calm, too resigned not to have some notion of the present situation. All of them adapt perfectly to hospital life, adopt the attitude and behaviors appropriate to that environment; this would not be possible if there were total amnesia. In the case of Mme D. herself, where the amnesia was the deepest, I noted a certain number of small facts that contradict complete forgetting. At the beginning of the amnesia, upon awakening from the attack, she had no memory of the man who had frightened her, and yet it was observed that she shuddered with terror each time she passed the door through which that individual had entered. At the Salpêtrière, she knew no one; yet, when she went out into the courtyard, she spontaneously went to sit with the same patients. Each time she encountered a dog, even the most harmless one, she fled, hiding her face and crying out in terror. It is not enough to say that she is afraid of dogs, for if we question her about her past, she tells us repeatedly—even in the month of July—that she was never afraid of such animals and used to play with them willingly. Where does this change come from? Obviously, from the bite inflicted on her by a rabid dog in the month of September and the cauterizations that followed. But currently, if we question her, she does not remember this incident and does not know why she is afraid; this memory is thus reproduced today outside of her awareness.

We must try to reveal through experiments this reproduction of memories, even during the waking state. The simplest method will consist, first, in studying post-hypnotic suggestions—that is, suggestions made during somnambulism but whose execution is postponed to a more or less distant moment. For example, I said to Marcelle: “When I tap on the table, you will take my hat...” or: “You will fall asleep when I raise my hand.” Well, the first suggestion was executed quite well several hours after awakening, and the second was still being executed several weeks later. It is important to note this fact in Marcelle, who did not show memory during somnambulism as strongly as the others: she retained even during the waking state some persistent memory of new events.

The suggestions have exactly the same effect in Justine and in Maria; we must make a few remarks about the way they are carried out in Mme D. Let us take the simplest case first: during the somnambulistic state, she is instructed to repeat upon waking a certain name—for example, that of her neighbor in the ward, Mme P.—and is told to remember this lady well. Upon waking, Mme D. does indeed retain this memory and speaks of Mme P. It is, we must note, a word and a conscious memory that have been elicited by suggestion. This memory lasts very little time, eight to nine minutes at most, as we verified several times; after that, everything appears to be forgotten. But is the suggestion truly erased, now that Mme D. no longer has the conscious memory? I do not believe so.

During her somnambulism, I instruct her to raise her arms in the air when I clap my hands. Upon waking, the forgetting is rapid and complete; but nevertheless, several hours and even several days later, it is enough for me to clap my hands for her to raise both arms in the air without realizing what she is doing.

We can go further: I suggest to Mme D., still during somnambulism, to leave the room where she sleeps the next morning at 10:30, to cross the courtyards, and to come meet me in the parlor. Such a request, made during the waking state and addressed to the conscious personality of Mme D., would be absolutely unfeasible, since everything is forgotten the very next moment. Yet the next day at 10:30, Mme D. gets up abruptly and rushes out of the room; the nurses stop her and ask what she is doing, and, as the patient is unable to give any explanation, they prevent her from leaving. I repeated this experiment on another day, having first warned the nurses to let Mme D. go out and simply follow her. The next day, at the appointed time, the patient went out, made the entire journey without consulting her notebook even once, and came to meet me. This route, as we have already said, can only be completed consciously if the patient refers at every moment to her notebook where all the turns are indicated. We therefore clearly see from these facts—and many others of the same kind—that the memories of recent events do exist even during the waking state, but that they exist in a very particular manner; they seem, if not unconscious, then at least subconscious, that is, outside the awareness of the patients.

We have long known that there are methods—most of which are borrowed from spiritualist superstitions—for bringing out subconscious thoughts when they exist. We have often shown how automatic writing can elicit, in hysterical patients during the waking state, the manifestation of many forgotten memories.¹³ These patients are, as is well known, very easy to distract: it is a fundamental trait of their psychological constitution. When they are conversing with someone who strongly captures their attention, they feel nothing, notice nothing anymore. If one approaches them without interrupting their conversation, one can slip a pencil into their right hand, command them to write, ask them very quietly some questions, and their hand will carry out the movements, even write the answers, without the patient suspecting what her hand is doing, as long as it does not interrupt her conversation. It is not possible to study this phenomenon in detail here, but one would have to recall the theory of the disaggregation of psychological phenomena in hysteria. In the earlier patients, especially in Maria, this phenomenon occurred very easily, and it was observed that, even during the waking state, the same memories as during somnambulism reappeared.

It was necessary to try to apply this latter method to the examination of Mme D. This writing is difficult to obtain from this patient—perhaps because she is not very accustomed to writing, but especially because it is necessary to distract her completely. If she pays the slightest attention to her hand, to her writing, we then get conscious writing, which exhibits the same lapses as her speech. When the experiment is properly arranged, one can say very softly, without interrupting her conversation and without her seeming to hear: “Write the name of the intern in

¹³ Les actes inconscients et le dédoublement de la personnalité pendant le somnambulisme provoqué. *Revue philosophique*, 1886, II, 590. *Automatisme psychologique*, 1889, 262.

your ward.” The hand holding the pencil begins to move and writes this word: “M. Lamy.” In the same way, I ask her what recently happened to her left hand, and she writes without hesitation: “I cut myself with glass.” In short, she will answer in this manner to all possible questions, thus demonstrating that she possesses, without knowing it, all the memories of recent events.

We do not, as one might guess, attribute to writing a marvelous power to revive Mme D.’s memories. No, we can succeed in manifesting her memories in yet another way—through the very speech of the patient, who nonetheless remains awake. How is this possible, since this patient never manages to speak them aloud, and since no suggestion has succeeded in making her retain more than a few minutes’ worth of memory? No doubt, but we resort to a method that has occasionally worked. It is still necessary to distract her, but this time avoiding drawing her attention to speech. I give her a book to read, or better yet, I give her a multiplication to do. While she is deeply absorbed in her task, we notice the same phenomena of distraction: we can touch her, speak softly into her ears, without her turning around. I ask her, in this way, the names of the two patients who are her neighbors in the ward; her lips move and she murmurs very softly: “Mme C. and Mme P.” This experiment is difficult to carry out successfully; it often fails. But on two or three occasions, when the patient was well distracted, I was able to have a genuine conversation with her in which there was no forgetting. Mme D.... remains awake the entire time and continues reading without noticing that she is recounting what has happened to her.

At first, we were surprised to see a patient afflicted with such a strange condition, retaining no memory for more than a moment, and yet living in a more or less normal manner, without the bewilderment we would have assumed *a priori*. We now understand that this continuous and anterograde amnesia is, in Mme D. as in the other patients, only very superficial and allows all automatic functions to operate quite normally.

In summary, we know that, in continuous amnesia, memories of the past are preserved and memories of the present are lost; but we have learned that this loss is not absolute, and that the memories of recent events reappear during dreams and somnambulistic states, and manifest even during waking through automatic acts.

III — Attempt at Interpretation

We must take all these characteristics into account if we want to try to represent the general nature of this psychological disturbance. Let us examine what part of memory is destroyed in these patients: it is obviously not a disorder affecting the intellectual operations associated with memory, such as recognition and localization. A disorder of that kind gives rise to illusions, to delusions rather than to true amnesias, and we have nothing of the sort here.

We must consider, within memory, the most elementary operations: the first of all has long been called the *retention of memories*; this is only the description of a fact and not its explanation: psychological phenomena, once they have occurred, do not completely disappear—they leave traces, as was said in the past, that is to

say, they leave in the brain a certain very unknown modification that allows them to be reproduced. In a word, a psychological phenomenon is retained when it can from time to time be reproduced; it is not retained when its reproduction has become definitively impossible. We have no hesitation here—it is certain that the retention of memories is absolutely intact in all the cases we have reported. During natural sleep, during somnambulism, all the memories reemerge without difficulty—the traces were therefore preserved.

Psychologists then describe another essential phenomenon in memory: it is the *reproduction of images*. Through a mechanism that we have not studied and in which the association of ideas plays the major role, the primitive psychological phenomena that have been retained in a latent state reappear a bit weaker, less complete especially, but more or less with the same features as the first time. These are then called images, and one understands that the reappearance of images at the right moment is an essential condition for complete memory. Is this where we are to find the explanation for our continuous amnesia? This seems at first very plausible: Mme D., for example, seems able to reproduce images only in dreams, during sleep, and not to be able to reproduce them when needed, according to the demands of waking life. Well then, without affirming this absolutely, I will say that I do not even believe there is a lesion of this kind in hysterical amnesia. In my view, memories can be reproduced, and they do reproduce when needed, even during waking, and Mme D., if I'm not mistaken, gives all the time in her mind or on her lips the answer to the question one asks her or that she asks herself. Why then does the poor woman declare herself so unhappy and claim it is impossible for her to recover the slightest memory? Because, first of all, we have already seen many similar cases in hysterics, especially in the study of anesthetics; and, secondly, because various procedures—particularly automatic writing—have shown us the actual reproduction of all these memories even during the waking state, at the very moment we wished to retrieve them.

But where, then, should we look for this alteration of memory, which must exist somewhere in order to produce such manifest results? Psychologists, in their descriptions, admit no other elementary phenomena in memory beyond retention and reproduction. I believe they are mistaken, and that illness decomposes and analyzes memory better than psychology has yet been able to do. It is not enough, as many previous studies have taught us, for a simple isolated sensation to be produced in the mind for it to be appreciated as such by the subject. For full awareness of a sensation, which expresses itself as “I feel,” a new operation must be added to the first. A kind of synthesis must bring together the sensations produced and attach them to the mass of earlier ideas that constitute personality. Well then, the same must be true for images: it is not enough for us to be aware of a memory that this or that image be reproduced through the automatic mechanism of the association of ideas; it is still necessary that *personal perception* seize this image and link it to other varied, confused sensations, exterior or interior, that together make up our personality. Whether we call this operation what we will, whether we coin for it the word “*personification*” or are content with the more common expressions we have always used—“*personal perception of memories*”,

or “*psychological assimilation of images*”—we must always recognize its existence and give it a place in the psychology of memories just as in the psychology of sensations.

This operation is so simple, so easy in us, that we do not even suspect its existence. But it can be altered and suppressed, while the other phenomena of memory—retention and reproduction of images—remain entirely intact, and its absence will be enough to produce in patients a disturbance of memory which will be, *for them*, a true amnesia.

To establish that continuous amnesia truly depends on a mechanism of this kind, we may first note that it resembles a phenomenon of *distraction*. It is the same, moreover, for all hysterical stigmata, particularly for anesthesia, as I have often shown.¹⁴ In effect, there are distractions of memory just as there are distractions of sensation, and they produce forgettings just as the latter produce anesthetics. One might even say that during dreams and somnambulism, attention, no longer distracted by external impressions, turns more easily toward the images of memory.¹⁵ But this observation is only a first approximation; we must explain what this peculiar distraction consists of—how memory phenomena persist subconsciously during waking, and why attention seems to become more available during somnambulism. In a word, we must study the nature of distraction and, in particular, the nature of the extraordinary distraction seen in hysteria, which is not possible, in our view, unless we examine the role of *personal perception* not only in memory images but in sensations.

Let us examine, in fact, what happens in Mme D., who can be considered as the type of this kind of amnesia by way of personality disorder. Under what circumstances is memory absent in her? When she is questioned directly by being called by her name, or even when she questions herself in the same way. In a word, memory seems to disappear whenever her personality is at stake, every time it would require saying: “I remember.” On the contrary, memory seems present in several other circumstances—in dreams, in sleep, in hypnosis, in automatic actions, in writing and speech produced while the patient is distracted by some other conscious operation. Here again, there is a common feature: memory appears when clear and personal consciousness is absent, when memory is isolated, unrelated to the full life of the patient. This is clearly visible in her somnambulism: in fact, this state is quite peculiar in Mme D. It is not like in other patients who exhibit a second psychological form of existence, with memories proper to that state and the formation of a second personality. No, in Mme D., it is a somnambulism devoid of reflection, spontaneity—I would say almost devoid of personality. And when one tries, even during the somnambulism, to constitute a personality, to link the various induced somnambulisms by memory, one sees that memory again disappears. Memory does not exist, even during somnambulism, except if the patient is unaware of what is happening and responds automatically

¹⁴ *Les actes inconscients et la mémoire pendant le somnambulisme*. *Revue philosophique* 1888, I, 249. *Automatisme psychol.* 1889, 307. *Archives de neurologie*, 1892, 343.

¹⁵ At the London Congress, Professor Ebbinghaus of Berlin, with a courtesy for which we thank him, added a few remarks to our communication. He emphasized the role of distraction, which indeed seems essential to us, but which does not appear to provide a complete explanation.

to questions by mechanical association of ideas without thinking, without any personal perception of what she is doing.

The same characteristic is particularly clear, in our view, if we examine the memories that manifest through automatic writing or automatic speech. These two interesting experiments are very difficult to reproduce with this patient, and they often fail. Why? As soon as Mme D. pays attention to her writing, as soon as she hears her own speech, everything stops, and it is no longer possible to elicit the memory. Conscious attention, far from facilitating automatic writing—as it might in a simulator—completely suppresses it. Memory, in a word, manifests only without the awareness *of the person*; it disappears when the person must speak or write in her own name, knowing herself what she is doing. This feature of memory exists sometimes even in the healthy person: we are occasionally unable to recall the spelling of a word except by letting our hand write it on its own. What, in us, is an accident, is almost universal among hysterics: “I can’t find my things anymore,” a patient told me; “to find them, I mustn’t think about looking for them—I can’t manage it. I have to let my hand walk by itself; it will find the object better than I can.” In the patients we have spoken about, this characteristic has taken on an enormous development, and we believe we can summarize their condition by saying: “Things happen as if these patients had become incapable of having personal perception of their memories, of assimilating to their present personality the images that continue to be preserved and that reproduce themselves automatically in their mind.”

What encourages us to support this hypothesis—which is only a pure representation of the facts—is that we have already tested its value by applying it to other phenomena. Since 1887, we have been able to demonstrate that hysterical anesthesia is nothing other than a distraction of the same kind: it exists neither in somnambulisms nor in subconscious acts, but is only a narrowing of the field of consciousness, a weakness of the personality incapable of synthesizing all sensations. When we studied aboulia in 1891, we found exactly the same characteristics: preservation of older acts already synthesized in the past, loss of the ability to consciously synthesize new ones, preservation of all subconscious acts disconnected from the personality. The same lesion manifested differently: the subject became incapable of synthesizing motor images, of linking them to her personality in order to carry out any voluntary act that was personal. We believe that continuous amnesia, manifesting in the same patients, must be of the same kind. It concerns a major psychological function: the assimilation of elementary phenomena—sensations, motor images, memory images—to the personality. And it concerns a major psychological disorder, whose manifestations are diverse, but whose nature always remains the same: a weakness of the power of personal synthesis. Is it useful to coin a more or less new word, to consider this illness as a *psychasthenia*, a *psychological asynergy*? Its result will always remain a real and well-known fact: the disaggregation of the mind.

IV — Evolution of the Illness

It is quite difficult to go further back and to investigate why and how this weakness of psychological synthesis arises. Most often, psychological disaggregation and defects in personal perception seem to us to be primitive phenomena—primitive in a psychological sense, of course. They are the first manifestation of a weakness, of a cerebral feebleness that develops under particular physiological conditions. This is the view we have maintained thus far regarding hysterical anesthesia and aboulia; the other phenomena presented by these patients, such as certain motor disturbances and suggestibility, seemed to us secondary to the former. And yet, observation has not led to the same result in the case of continuous amnesia; this bizarre manifestation of insufficiency in personal perception has always appeared to us—at least in the majority of the cases we have studied—as provoked and sustained by other phenomena.

The first three individuals on whom I studied continuous amnesia—Marcelle, Justine, and Maria—had, at the same time, fixed ideas in either an obsessive or impulsive form. These ideas were sometimes visible and confessed by the subject herself, who complained of a continual obsession; sometimes they were not clearly expressed by the subject, but revealed themselves through movements or meaningful attitudes; and finally, they were often very difficult to detect—the patient seemed to have neither memory of them nor even clear consciousness of them, and one had to use all sorts of psychological procedures to guess at this permanent dream that prevented the patient from understanding and synthesizing sensations or images.¹⁶

Mme D. fit precisely into this third case: she claimed, when questioned on this point—whether during waking or during somnambulism—to be troubled by no idea, no dream, and to have, apart from the loss of memory, a mind as free as in the past. This could have been true, and this continuous amnesia might have been a primary phenomenon. However, the preceding examples, so similar to the case of Mme D., showed me that fixed ideas, even subconscious ones, could play a role and ought to be sought out.

Already familiar with the subconscious fixed ideas on which I had been working for some time, I was able to observe certain significant facts.

(1) Mme D. had, from time to time—rarely, it is true—small hysterical fits. During these episodes, she displayed great terror and endlessly repeated phrases like: “My husband, my poor children... that poor Jeanne who has no mourning dress... Oh! that man, the wretch... etc...”

(2) At night this patient behaved in two very different ways: sometimes—and this was the behavior first noticed, although in reality it was the rarer—she would fall into a fairly deep, calm sleep and then dream about daily incidents: “the Salpêtrière... M. Charcot... the doctors in white coats...” But more often she did not sleep at all, and here is why: as soon as she began to doze off, she would wake with a start, trembling, with terrible fear. She had no idea what had frightened her, but she would look around to both sides as if she had the vague idea that someone

¹⁶ We have already often emphasized the importance of subconscious or latent fixed ideas in hysterics. *Rev. physique*, 1891.

had entered. This terror would start again if she began to doze once more, to the point that she preferred to keep her eyes open and not sleep. Her roommates believed her to be asleep and did not notice. But once, in a deep somnambulistic state, she explained these nocturnal terrors to me: as soon as she fell asleep, she had a hallucination—she would see the man who had frightened her that August and hear him repeat the words: “Mme D., prepare a bed, they are bringing back your husband who has died.”

(3) During somnambulism itself, when left alone, she would often murmur terror-stricken phrases. She would raise her head as if she were listening to someone and murmur a few words through her teeth: “Oh! that man, the wretch... I would rather die, I will kill myself... etc.” It was not easy to bring her out of that reverie once she was allowed to sink into it, because at that moment she became unresponsive, which was not her usual state.

(4) Even during the day, she frequently had tremors, stifled cries that she immediately repressed, because, she said, she did not know what they meant.

In short, the preceding remarks lead us to think that the terrifying event of August 28 had not disappeared from Mme D.’s mind; it reappeared in the form of hallucination much more frequently than one might think, haunted her conscious mind during the day, and destroyed her sleep at night.

What connection should be established between this fact—this subconscious fixed idea, persisting almost constantly—and this continuous amnesia, which has likewise persisted for six months? Is it merely by coincidence that these two phenomena are found simultaneously in these four patients? That is unlikely, and these two facts must exert some influence on one another.

The connection between these two facts may well differ depending on the case, and I do not wish to generalize; but here, if we consider the beginning and evolution of the illness, I believe we can say that it is the fixed idea that is accidental and primary, and that it subsequently brings about the amnesia. By what mechanism does a persisting fixed idea prevent Mme D. from having personal perception of her memories? I do not claim to know this completely. First of all, this hallucination deprives the patient of sleep, which is far from insignificant in psychological illnesses. “Memory,” said the physiologist Lesage of Geneva,¹⁷ “is the intellectual faculty most affected by sleep deprivation.” Secondly, this fixed idea, which constantly reappears and invades the mind—just as it does during crises—must prevent normal functioning and bring about a continuous state of distraction. This is indeed what occurs: Mme D. is not precisely an aboulic patient like Marcelle, the illness does not weigh as heavily on her motor images, that is undeniable; she can, when prompted, perform certain intellectual tasks, automatic tasks in fact, such as reading or doing a multiplication, although she is very impatient, agitated, extremely suggestible even in a waking state, incapable of understanding what she reads, of writing a passage, or of organizing her thoughts. She is not anesthetic in any specific way, there is not even any narrowing of her visual field. This is very curious and shows how psychological disaggregation can localize itself with precision; it affects only memory, not sensation. But this does not prevent her daydreams or the slightest

¹⁷ Cited in the notes of the translation of Dugald Stewart by Prévost. Geneva, 1808. II, 430.

task from easily distracting her to the point that she does not feel the pencil in her hand and produces automatic writing. Anesthesia by distraction, as I have shown, is closely related to hysterical anesthesia. It is likely that, by an analogous mechanism, the persistence of the obsessive idea causes this continuous disturbance of personal perception that we have observed in her memory.

Guided by the preceding considerations, I sought to modify the persistent fixed idea to see whether, by indirectly working on it, we might not reach the amnesia itself. For a long time, however, no procedure had been able to modify this amnesia, the personal and conscious memories of Mme D. always stopped exactly on July 14, 1891, and only a few words beyond that had been added to her knowledge through repeated suggestions. I will not recount here how I tried to combat the subconscious fixed idea—it is a set of studies outside the scope of our subject. Psychotherapeutic work, when it has the great advantage of forgetting, is still akin to the period of the first attempts. Nevertheless, it so happened that, after a few days, I had modified this fixed idea: Mme D. still dreamed, but the man who appeared to her frightened her much less now, for he was transformed. He no longer had the same appearance, and instead of his terrifying phrase, he now simply said: “Mme D., prepare a bed, for I wish to die in your house at C.” This modification of the hallucination was difficult, but it had an unexpected result. Mme D., fully awake and consciously, with vague memories of her past, was then able to say of herself: “It is a fear that the man gave me, they told me some bad news.” Over the following days, she recovered memories of July, August, and September, that is to say, the earliest periods over which the amnesia had extended.

I note, in this regard, a physiological fact that I am completely unable to explain. The return of memories—the operation, whatever it was, by which the personality regained possession of these long-forgotten memories—was accompanied by violent headaches. I saw Mme D. cry out in pain, experience vertigo to the point that she could no longer stand, and even fall into delirium when she regained possession of a significant group of memories. These symptoms diminished and disappeared once the memories were definitively recovered. This pain *in the head* should not be confused with the hysterogenic point at the vertex: it is not a superficial pain depending on hypersensitivity of the scalp, but a sensation of deep pain. This phenomenon is common in hysterics; I have observed it at the beginning of attacks, at the end of induced somnambulism—in short, every time a major modification of their psychological state occurred. When the modification becomes habitual, as in a subject frequently placed in somnambulism, for example, this pain no longer appears. It seems to accompany considerable and unexpected psychological modifications.

The same attempts were naturally continued. I tried to further diminish the fixed idea. I was forced to struggle against a new fixed idea that had long existed in the subconscious state—well known under the name of the suicidal idea. This idea, as often happens, had grown enormously since the disappearance of the principal fixed idea. It was an impulsive tendency that remained subconscious and often provoked weeping and even, above all, silence in the patient, who did not realize it, but which was no less dangerous. But I do not wish to dwell now on this

question of fixed ideas and therapeutic problems; I merely note in a few words how the gradual return of memory occurred. Memory made progress in such a way that, to give two extremes, the memories of the present now persist much longer: a quarter of an hour, half an hour, half a day, a whole day; past memories reappeared in the same order, beginning with the oldest. As of today, October 20 1892, Mme D. retains memories nearly all day, but loses them again at night, especially if she is in pain; she has recovered all her memories up to the end of September 1892. She is not completely cured, if she ever will be, and her mind may remain extremely fragile for a long time.

Continuous amnesia was modified in the same way in the other patients; it increases or decreases depending on whether the fixed ideas that obsess the mind develop freely or are more or less suppressed. It was also reduced and even eliminated in some patients, especially in Justine, through gradual intellectual work. I assigned these patients tasks and regular attention exercises, which had an excellent effect. I therefore attach great importance, both in the treatment of continuous amnesia and, more generally, in the treatment of the mental state of hysterical patients, to two things. One must combat, through all sorts of methods, the development of fixed ideas, whether conscious or subconscious; and one must impose upon the patients a true education of the mind that can develop, as much as possible, their power of attention and their capacity for psychological synthesis.

If the weakness of synthesis, which characterizes these feeble minds, these psychasthenics, is very often primitive and develops quite simply following an organic illness—for example, typhoid fever, that great cause of psychoses—then it must be acknowledged that it rarely takes the form of continuous amnesia spontaneously. It seems that, in order to reach this level, the weakness of synthesis must be increased and maintained by an added phenomenon. The fixed idea, like suggestion, is not merely a consequence of the weakness of synthesis; it is also a cause of it, it sustains and increases it. This is a well-known pathological vicious circle, which we must first try to understand before we can usefully help patients escape from it.

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